

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031975

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 129

Primary Registration District No. 2000

Registrar's No. 1206-A

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED AUG 22 1963

1. PLACE OF DEATH

a. COUNTY **Greene**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Springfield**

Length of stay in 1b
54 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **St. John's Hospital**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **Greene**

c. CITY OR TOWN **Springfield**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
868 S. Campbell

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
JAMES PINCKNEY MURRAY

4. DATE OF DEATH
Month Day Year
August 13, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-14-1877

9. AGE (last birthday)

86

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Murray Moving Company

10b. KIND OF BUSINESS OR INDUSTRY

Moving Company

11. BIRTHPLACE (City and state or country)

Near Versailles, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William Henry Murray

13b. MOTHER'S MAIDEN NAME

Lucinda I. Sims

14. NAME OF HUSBAND OR WIFE

Alice B. Murray

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No None

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT **Springfield, Missouri**

Alice B. Murray, 868 S. Campbell,

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

2 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arterio-sclerotic Heart Disease

DUE TO (c)

Arterio-sclerotic - Generalized

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Cerebral I

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **2-5-57** to **8-12-63** and last saw him alive on **8-12-63**
Death occurred at **7:15 P.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

8-16-1963

23c. NAME OF CEMETERY OR CREMATORY

Maple Park Cemetery

23d. LOCATION (City, town, or county)

Springfield,

Missouri

24. FUNERAL DIRECTOR

Springfield, Missouri

25. DATE RECD. BY LOCAL REG.

8-16-63

26. REGISTRAR'S SIGNATURE

Bernice Madley

Ralph Thieme, 1200 Boonville Ave.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0397

2 0397

3

4 0

5 1

6

7 0

8 2

9 4200

10

11

12 4-0

13

8-15-63

1960
1960

0
1
0
4

0-11

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

William L. Strasser

Licensed Embalmer No.

5164

P. O. Address

Jeff. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.